

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P92000015167

**FILED**  
**Jun 08, 2012**  
**Secretary of State**

**Entity Name:** SIERRA MEDICAL CENTER INC.

**Current Principal Place of Business:**

16351 N.W. 67 AVE.  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

16351 N.W. 67 AVE.  
MIAMI LAKES, FL 33014

**New Mailing Address:**

**FEI Number:** 65-0378702

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SIERRA, LYDIA  
16351 NW 67 AVENUE  
MIAMI LAKES, FL 33014 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SIERRA, LYDIA  
Address: 16351 N.W. 67 AVE.  
City-St-Zip: MIAMI LAKES, FL 33014

Title: VP  
Name: SIERRA, LARISSA  
Address: 16351 NW 67 AVE  
City-St-Zip: MIAMI LAKES, FL 33014

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LYDIA M. SIERRA

PRES

06/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date